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## APPLICANTS

Robert A. Chesley, Newmarket, NH;  
Christopher J. Breault, Paxton, MA;  
John L. Doucette, Northbridge, MA;  
Michael P. Marvin, Chardon, OH;  
Joseph D. Sullivan JR., Cleveland, OH;

## \* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/261,852 01/15/2001

## \* FOREIGN APPLICATIONS \*\*\*\*\*

F REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
02/08/2002

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

24024

## TITLE

Buyer managed order transmitting system and method

FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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